

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

FORMS FOR PROFESSIONAL FUNDRAISERS

Companies or persons that qualify as a Professional Fundraising
Counsel

should use the following Form 103



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA
Department of Agriculture and Consumer Services

Division of Consumer Protection
Office of Consumer Affairs

Form 103

REMITTANCE FORM
Fundraising Council

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

If you do not have an FEIN, please enter the Social Security Number of the person who has signed the application.

Registration Fee: \$100.00 (910-02-02681)

Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

**Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
P.O. Box 526 - Richmond, VA 23218**

FORM 103 - REGISTRATION STATEMENT FOR A PROFESSIONAL FUNDRAISING COUNSEL

Unless otherwise noted, all information provided on this form and attachments must be for the current year.

1. Primary name: _____
2. List any other names under which you may conduct business in Virginia:

3. Primary address: _____

City State Zip Code

Telephone

4. List addresses and telephone numbers of any other offices located in Virginia

5. Please check one:

<input checked="" type="checkbox"/>	Type of organization
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

6. Date of incorporation or formation: / /
 mo day yr

7. Where was the organization legally established?

City State

8. Name and address of designated agent for receipt of process within the Commonwealth of Virginia:

Name

Address

City State Zip Code

9. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.

10. Has any person employed by the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) _____. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any employee of the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) _____. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

12. Is the fundraising counsel filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

(Yes or No) _____. If "Yes", name the agencies.

13. Has the fundraising counsel filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) _____. If "Yes," provide details.

14. Are any solicitations performed:

- a. Directly by your organization?

(Yes or No) _____. If yes, you do not qualify as a fundraising counsel. Use Form 104.

- b. Through organizations or persons under your organization's direction, other than the charitable or civic organization for which you consult?

(Yes or No) _____. If yes, you may not qualify as a fundraising counsel. Attach a listing of the organizations and/or persons under your direction and copies of all related contracts.

15. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo/yr) that each contract covers.

16. Are any of the members, partners, officers, directors or executive personnel of the fundraising counsel filing this registration members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this fundraising counsel has contracts?

(Yes or No) _____. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization

17. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

18. The registration fee for professional fund-raising counsel is \$100.00. Please make check payable to "Treasurer of Virginia" and attach it to the front page of the form..

19. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

Signature of sole proprietor or officer

Print name

Title

Daytime telephone number

Date

Subscribed and sworn before me this _____ day of _____, 20

Notary Public's signature

My commission expires (date)

REQUIRED ATTACHMENTS

I (We) have attached the following required attachments (check all that apply):

(✓)	Item
	Remittance form and check for \$100, made payable to "Treasurer of Virginia."
	Listing of officers and directors or partners.
	Copies of any applicable Court Orders.
	A listing of any organizations and/or persons under your direction and copies of all related contracts.
	A list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo/yr) that each contract covers.
	Copy of signed contract(s) between your organization and each charitable or civic organization.

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

Companies or persons acting as a Professional Solicitor

should use the following Form 104

and the Campaign Forms that follow



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

Division of Consumer Protection
Office of Consumer Affairs

Form 104

REMITTANCE FORM **Professional Solicitor**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

If you do not have an FEIN, please enter the Social Security Number of the person who has signed the application.

Fees:

Registration fee	\$500.00	(910-02-02682)
Add \$250 late registration fee if solicitations begin prior to registration or renewal		(910-02-02194)
Total fees		

Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

10. Has any person employed by the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) _____. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any employee of the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) _____. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

12. Is the professional solicitor filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of soliciting contributions on behalf of a civic or charitable organization?

(Yes or No) _____. If "Yes", name the agencies.

13. Has the professional solicitor filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) _____. If "Yes," attach a statement describing the facts surrounding said denial(s).

14. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts to solicit contributions in Virginia and list the dates (from mo/yr, to mo/yr) that each contract covers, **and** a list of all the charitable or civic organizations for which you solicited in the past 12 months.

15. Are any of the members, partners, officers, directors or executive personnel of the professional solicitor filing this registration also members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this professional solicitor has contracts?

(Yes or No) _____. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization

16. Attach a list with the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions occurring in Virginia, **and** the terms of their remuneration (e.g. salary, commission, bonus, etc.)

17. Pursuant to §57-61.F of the Code of Virginia, has the professional solicitor filing this registration maintained, during each solicitation campaign and for not less than 3 years afterward (or for the length of time since formation if less than 3 years), the following records? (Check all that apply)

(✓)	Records
	The name and address of each contributor and the date and amount of the contribution.
	The name and residence address of each employee, agent, or other person involved in the solicitations.
	Records of all expenses incurred in the course of the solicitation campaign(s).
	The account number and location of all bank accounts where receipts from each campaign were deposited

18. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are advised that you are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.
19. Bond Requirement: As required by the Virginia Solicitation of Contributions Law and the Rules Governing the Solicitation of Contributions, each professional solicitor shall, at the time this form is initially filed, submit for approval a bond to run to the benefit of the Commonwealth of Virginia in which the professional solicitor shall be the principal obligor in the sum of \$20,000. Such bond shall be maintained in effect, or a replacement bond provided, for the length of time the professional solicitor solicits in Virginia. (The bond form is contained in the complete set of forms provided by the Office of Consumer Affairs.)

20. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

Signature of sole proprietor or officer

Print name

Title

Date

Daytime telephone number

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public's Signature

My commission expires (date)

REQUIRED ATTACHMENTS

I (We) have attached the following required attachments (check all that apply):

(✓)	Item
	Remittance form and check for \$500, plus \$250 late fee if applicable, made payable to "Treasurer of Virginia."
	Listing of officers and directors or partners.
	Copies of any applicable Court Orders.
	A listing of any organizations and/or persons under your direction and copies of all related contracts.
	Statement describing the facts surrounding past denial(s) of licenses, registrations, etc.
	<u>Current Year</u> : A list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo/yr) that each contract covers, for which solicitations for contributions will occur in Virginia.
	<u>Past Year</u> : A list of the names and addresses of all charitable and civic organizations for which you solicited in the <u>past 12 months</u> in Virginia.
	Copy of signed contract(s) between your organization and each charitable or civic organization.
	List of the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions <u>occurring</u> in Virginia, and the terms of their remuneration (e.g. salary, commission, bonus, etc.)
	Bond: Attached _____ or previously filed and still in effect _____.

FORM 105

PROFESSIONAL SOLICITOR'S BOND

Bond Number: _____ Date Received by VDACS: _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____
Name & address of Professional Solicitor

hereinafter called the Principal, and _____
Name & Address of Surety Company

hereinafter called the Surety, or Sureties, are held and firmly bound unto the Commonwealth of Virginia, in the sum of Twenty Thousand Dollars (\$20,000) for the payment thereof, the Principal and Sureties bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly to this bond and the obligations agreed to herein by these presents.

WHEREAS, the Principal proposes to commence and engage within the Commonwealth of Virginia in the activities of a professional solicitor as those terms are defined in §57-48 of the Code of Virginia (1950), as amended.

NOW, THEREFORE, this bond shall be for the purpose of reimbursing the Commonwealth of Virginia and the citizens thereof for any penalties or losses resulting from malfeasance, nonfeasance, or misfeasance in the conduct of charitable solicitation activities by the principal and his agents, servants or employees.

This bond shall be effective until such time as the surety withdraws the bond, giving thirty (30) days' written notification to the Commissioner of the Virginia Department of Agriculture and Consumer Services of such withdrawal. Failure to give such prior written notification shall result in the continuation of this bond's effectiveness. Withdrawal shall not release the surety from any liability for malfeasance, nonfeasance, or misfeasance that occurred prior to the effective date of withdrawal. Withdrawal shall not release the principal whatsoever.

Signed and sealed this _____ day of _____, 20_____ in the presence of:

Signature of Principal as to _____ (Seal)
Printed name & title of Principal

Signature of Principal as to _____ (Seal)
Printed name & title of Principal

Signature of Principal as to _____ (Seal)
Printed name & title of Principal

Signature of Attorney-in-fact as to _____ (Seal)
Printed name & title of Attorney-in-fact

Commissioner of the Virginia Department of Agriculture and Consumer Services
P.O. Box 1163, Room 103
Richmond, VA 23218

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

Professional Solicitor

Campaign Forms

**Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
1100 Bank Street, Suite 103 - Richmond, VA 23219**

FORM 120

SOLICITATION NOTICE

(<input checked="" type="checkbox"/>)	This Solicitation Notice is:
	New
	An amended version of a form previously filed

Pursuant to §57-61(D) of the Code of Virginia (1950), as amended, professional solicitors shall complete this Solicitation Notice in its entirety. Any changes to this information must be filed, within 7 days, on an amended Solicitation Notice.

Professional solicitors shall submit a properly completed Solicitation Notice for every fundraising campaign, as well as on the anniversary date of the signed contract for any continuous fundraising campaign. Incomplete forms and attachments shall not be considered as filed.

Professional solicitors shall submit, upon cancellation of a fund-raising campaign prior to solicitations, a copy of page 1 of this Solicitation Notice as previously filed, with a statement indicating that the campaign has been canceled.

CHARITABLE OR CIVIC ORGANIZATION INFORMATION

1. _____
Name of charitable or civic organization sponsoring the campaign
2. _____
Address of charitable or civic organization sponsoring the campaign

City State Zip Code
3. _____
Name of contact person Telephone number

PROFESSIONAL SOLICITOR INFORMATION

4. _____
Name of professional solicitor Solicitor's telephone number
5. Do you or your company hire one or more subcontractors? ____Y ____N
If yes, attach a list of their company (or proprietors') names, addresses, and telephone numbers.

EVENT INFORMATION

If any of the dates listed below change, you must file an amended Solicitation Notice within 7 days of the change

6. Dates of solicitation: From ____ / ____ / ____ to ____ / ____ / ____
mo. day yr. mo. day yr.
7. Date of special event, if any: ____ / ____ / ____
mo day yr.
8. Description of solicitation (e.g., special event, Internet, donor renewal, etc.):

TELEPHONE ROOM INFORMATION

9. Name of telephone room or call center director: _____

Director's telephone number: _____

10. Physical Address of telephone room or call center:

Street

City State Zip Code

If more than one phone room is used, attach a listing and indicate for each if it is the professional solicitor's own phone room or that of an agent or subcontractor.

11. Has any of the persons conducting these solicitations ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) _____. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

12. Are any of the persons conducting this solicitation currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) _____. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

SPONSOR'S CONSENT TO SOLICIT AND CERTIFICATION

Pursuant to subsection F of §57-57 (Prohibited acts), Code of Virginia (1950), as amended, the two undersigned officers hereby give consent for one year or less to the professional solicitor named above to solicit charitable contributions for the organization named on line 1.

This authorization shall be valid from (one year or less): _____ to: _____
mo. day yr. mo. day yr.

We also hereby certify that: a) the charitable or civic organization named on this form is currently registered, or exempt from annual registration, with the Virginia Office of Consumer Affairs; b) the Solicitation Notice and accompanying materials are true and complete; c) the bank account for the deposit of funds raised during this campaign includes the name of the organization named on line 1; and d) that the professional solicitor has promised to provide us with copies of the bank statements on a monthly basis.

(1) By: _____ (2) By: _____
(Officer's signature) (Officer's signature)

(Officer's printed name) (Officer's printed name)

Title: _____ Title: _____

Date: _____ Date: _____
mo. day yr. mo. day yr.

OATH OR AFFIRMATION – PROFESSIONAL SOLICITOR

I hereby certify, under penalty of perjury, that all information contained in this notice and all accompanying materials is true and complete. I further affirm that I accept responsibility for all actions by any agent or subcontractors that may be used in conducting this campaign, including, but not limited to, all required disclosures, any misrepresentations, or other unprofessional actions, in accordance with §§ 57-55.2 and 57-57 of the Code and Sections 2VAC 5-610-70 and 80 of the Rules Governing the Solicitation of Contributions.

I further affirm that the professional solicitor filing this form has fully complied with registration requirements in the Commonwealth of Virginia.

Signature of authorized representative
of Professional Solicitor

Print name

Date: / /
 mo. day yr.

REQUIRED ATTACHMENTS

I (We) have attached the following required attachments (check all that apply):

(✓)	ITEM
	A list of each subcontractor's company (or proprietors') name, address, and telephone number.
	A listing of each professional solicitor's own phone rooms.
	A listing of each agent(s) or subcontractor(s) phone room(s).
	Copies of any applicable Court Orders.
	Name and address of the bank where deposits from this campaign will be deposited.
	Copy of signed contract between the professional solicitor and the charitable or civic organization.
	Copy of signed contract(s) between the professional solicitor and any agent(s) or subcontractor(s).

**Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
1100 Bank Street, Suite 103 - Richmond, VA 23219**

FORM 121

CONSENT TO SOLICIT

SECTION I. GENERAL INFORMATION

Pursuant to §57-57(F) of the Code of Virginia (1950), as amended, the undersigned hereby gives consent to:

Name of professional solicitor: _____

Address of professional solicitor: _____

City State Zip Code

and his agent or subcontractor, if any:

Name of subcontractor: _____

Address of subcontractor: _____

City State Zip Code

to solicit charitable contributions for the organization listed below, or to use its name in the solicitation of contributions.

Name of charitable or civic organization sponsoring the campaign

Address of charitable or civic organization sponsoring the campaign

City State Zip Code

This consent shall be valid for a period not to exceed one year, as follows:

From: ____ / ____ / ____ To: ____ / ____ / ____
mo. day yr. mo. day yr.

SECTION II. SIGNATURES OF OFFICERS OF THE CHARITABLE OR CIVIC ORGANIZATION

Two (2) officers must sign this authorization. The original must then be filed with the Office of Consumer Affairs. Copies will not be considered as filed.

Signature of first officer

Signature of second officer

Print name

Print name

Title

Title

Date: mo. / day / yr.

Date: mo. / day / yr.

SECTION III. SIGNATURES OF PROFESSIONAL SOLICITORS AND SUBCONTRACTORS

As required by §57-57(F) of the Code of Virginia, the professional solicitor and any subcontractor must sign this form and keep a copy of this authorization with him when making solicitations and exhibit it upon request to persons solicited, police officers, or agents of the Commissioner of the Virginia Department of Agriculture and Consumer Services.

Signature of professional solicitor

Signature of subcontractor

Print name

Print name

Title

Title

Date: mo. / day / yr.

Date: mo. / day / yr.



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

Division of Consumer Protection
Office of Consumer Affairs

Form 130

REMITTANCE FORM
Professional Solicitor's Final Accounting Report Late Fees

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

If you do not have an FEIN, please enter the Social Security Number of the person who has signed the application.

Campaign Solicitation Dates: From: _____ to _____

Name or charitable or civic organization on whose behalf campaign was conducted:

Late Final Accounting Report Fees (\$25 per month or portion thereof)

\$_____ (910-02-02799)

Check Number _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
1100 Bank Street, Suite 103 - Richmond, VA 23219

FORM 130

FINAL ACCOUNTING REPORT

The professional solicitor shall submit the final accounting report no later than 90 days after the completion date of the solicitation campaign in Virginia, or in accordance with any extensions granted, in compliance with subsection E of §57-61 (Registration of professional fund-raising counsels and solicitors), Code of Virginia (1950), as amended. Any subsequent changes in the information submitted shall be reported every 90 days thereafter, for a fund-raising campaign of finite duration; and on an annual basis, no later than 90 days after the anniversary of the contract date, for a continuous fund-raising campaign. Untimely filing of this report shall result in the assessment of late fees provided by law.

1. Primary name of professional solicitor: _____

2. Name of charitable or civic organization: _____

3. Actual dates of solicitation in Virginia: From: _____ / _____ / _____ To: _____ / _____ / _____
mo. day yr. mo. day yr.

4. Attach a copy of the first page of the original or amended Solicitation Notice filed for this campaign.

5. Were written scripts used for the solicitation?

(Yes or No) _____. If "Yes," attach copies of all written scripts used.

6. Attach a copy of the actual written request for a contribution, or written receipt made in response to an oral request for a contribution, including a copy of any return envelope.

7. Financial summary for this campaign:

Total funds collected \$ _____

Total funds collected in Virginia \$ _____

Total received or retained by the charitable or civic organization \$ _____

8. For an advertising campaign, provide the number of publications / copies distributed: _____

9. VERIFICATION BY CHARITABLE OR CIVIC ORGANIZATION:

I, the executive officer of the charitable or civic organization:

- a) Have reviewed this report at the conclusion of the fundraising campaign.
- b) Verify that all requests for information in this form are properly completed.
- c) Verify that the amount listed as the "Amount received or retained by charitable or civic organization" (check one) **IS** (☐) / **is NOT** (☐) the actual amount received or retained by the charitable or civic organization. If the amount listed is not the actual amount received or retained, I have attached a full explanation for the discrepancy.
- d) If the donations were collected or received by the solicitor, I verify that I (check one) **HAVE** (☐) / **have NOT** (☐) received copies of the bank statements for this campaign account from the professional solicitor on a monthly basis.

Signature of executive officer

Print name

Title

Telephone number

Date: mo. day yr.

10. ATTESTATION BY THE PROFESSIONAL SOLICITOR

I attest that this accounting is true and accurate and includes all required attachments.

Signature of professional solicitor's
authorized representative

Print name

Title

Telephone number

____ / ____ / ____
Date: mo. day yr.

Professional Solicitor's Checklist:

(✓)	ITEM
	Have you filled in every blank? The form will not be considered as filed if there are any omissions. Any late fees will continue to accumulate until the complete form is filed.
	Have you signed the form? The form with ORIGINAL signatures (no photocopies) must be submitted to the Virginia Office of Consumer Affairs.
	Have you obtained the charity's authorized signature?
	Have you attached a copy of the first page of the original or amended Solicitation Notice you filed?
	Have you attached copies of scripts?
	Have you attached copies of all materials that were sent or given to donors?

Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
1100 Bank Street, Suite 103 - Richmond, VA 23219

FORM 131 - SCHEDULE A
ACCOUNTING FOR ALL TICKET SALES, INCLUDING SOLICITATION FOR DONATED TICKETS

Applicable to all ticket sales, including those sold on the representation that the tickets may be donated for use by a third party.

1. Total dollar amount of pledges: \$ _____
2. Breakdown of prices for tickets:
 - a. Adult or highest cost ticket: \$ _____ Number of persons per ticket: _____
 - b. Children's ticket: \$ _____ Number of children per ticket: _____
 - c. Other (explain below): \$ _____ Number of persons per ticket: _____
3. Total revenue from sale of tickets:
 - a. Adult tickets sold: _____ Revenue from adults: \$ _____
 - b. Children tickets sold: _____ Revenue from children: \$ _____
 - c. Other tickets sold: _____ Revenue from others: \$ _____
 - d. Total revenue: _____ \$ _____
4. Total number of third party tickets returned by donors for distribution: _____
5. Total number of tickets distributed to third parties: _____

Attach copies of all signed Form 132, "Commitment for Receipt of Donated Tickets," from organizations that accepted tickets.
6. Dates of "straight sales" solicitations: From _____ / _____ / _____ To: _____ / _____ / _____
7. Revenue from "straight sales:"
 - a. Adult tickets sold: _____ Revenue from adults: \$ _____
 - b. Children tickets sold: _____ Revenue from children: \$ _____
 - c. Other tickets sold: _____ Revenue from others: \$ _____
 - d. Total revenue: _____ \$ _____
8. Date of event: From _____ / _____ / _____ To: _____ / _____ / _____
9. Location of event: _____
10. Capacity of venue: _____
11. Total event attendance: _____

**Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
1100 Bank Street, Suite 103 - Richmond, VA 23219**

FORM 132

COMMITMENT FOR RECEIPT OF DONATED TICKETS

This is to acknowledge that _____
(Name of organization receiving tickets)

agrees to accept _____ tickets,
(Number of)

from _____
(Name of professional solicitor's company)

which will admit _____ individuals
(Number of)

to attend _____
(Name of event)

on ____ / ____ / ____ at _____
(Date) (Name of venue)

sponsored by _____
(Name of charitable or civic organization)

AFFIRMATION of organization receiving tickets

I hereby acknowledge that I have read the above statement and affirm that I can reasonably expect to distribute the number of tickets listed above, representing the number of individuals listed above.

Signature

Print name

Title

Date

Address: _____

City

State

Zip Code

Telephone